



## General

### Guideline Title

Best evidence statement (BEST). Increasing patient satisfaction by moving nursing shift report to the bedside.

### Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Increasing patient satisfaction by moving nursing shift report to the bedside. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2013 Aug 12. 4 p. [6 references]

### Guideline Status

This is the current release of the guideline.

## Recommendations

### Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1a to 5b) are defined at the end of the "Major Recommendations" field.

It is recommended that nurses perform bedside shift to shift report to increase patient/family satisfaction (Maxson et al., 2012 [4a]; Radtke, 2013 [4a]; Sand-Jecklin & Sherman, 2013 [4a]; Tidwell et al., 2011 [4a]; Thomas & Donohue-Porter, 2012 [4b]).

#### Definitions:

#### Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

## Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that...  It is strongly recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (or vice versa for negative recommendations).
It is recommended that...  It is recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

## Clinical Algorithm(s)

None provided

## Scope

## Disease/Condition(s)

Any disease or condition requiring hospitalization

## Guideline Category

Management

## Clinical Specialty

Nursing

Pediatrics

## Intended Users

Advanced Practice Nurses

Hospitals

Nurses

## Guideline Objective(s)

To evaluate, among patients and families, if implementation of bedside nurse to nurse shift report versus a non-bedside nurse to nurse shift report increase patient/family satisfaction during hospitalization

## Target Population

All hospitalized patients; if under age of 18, with caregiver present

Note: Patients/parents electing not to participate were excluded.

## Interventions and Practices Considered

Bedside nurse to nurse shift reporting

## Major Outcomes Considered

- Patient/family satisfaction during hospitalization
- Medication errors
- Patient falls

# Methodology

## Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

## Description of Methods Used to Collect/Select the Evidence

Search Strategy

- Databases: PubMed, Cochrane Library, CINAHL, OVID MEDLINE
- Search Terms: Nursing; handoff; shift report; patient satisfaction; bedside handoff
- Limits, Filters: English language, Search dates: 2006 to 2013
- Date last searched: February 26, 2013

## Number of Source Documents

Not stated

## Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

## Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies

Quality Level	Definition
2a or 2b 3a or 3b	Best study design for domain Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that...  It is strongly recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (or vice versa for negative recommendations).
It is recommended that...  It is recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Cost Analysis

One published study showed that bedside shift report was shown to decrease overtime by nurses.

# Method of Guideline Validation

Peer Review

## Description of Method of Guideline Validation

This Best Evidence Statement (BEST) has been reviewed against quality criteria by two independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

## Evidence Supporting the Recommendations

### References Supporting the Recommendations

Maxson PM, Derby KM, Wroblewski DM, Foss DM. Bedside nurse-to-nurse handoff promotes patient safety. *Medsurg Nurs*. 2012 May-Jun;21(3):140-4. [PubMed](#)

Radtke K. Improving patient satisfaction with nursing communication using bedside shift report. *Clin Nurse Spec*. 2013 Jan-Feb;27(1):19-25. [PubMed](#)

Sand-Jecklin K, Sherman J. Incorporating bedside report into nursing handoff: evaluation of change in practice. *J Nurs Care Qual*. 2013 Apr-Jun;28(2):186-94. [PubMed](#)

Thomas L, Donohue-Porter P. Blending evidence and innovation: improving intershift handoffs in a multihospital setting. *J Nurs Care Qual*. 2012 Apr-Jun;27(2):116-24. [PubMed](#)

Tidwell T, Edwards J, Snider E, Lindsey C, Reed A, Scroggins I, Zarski C, Brigance J. A nursing pilot study on bedside reporting to promote best practice and patient/family-centered care. *J Neurosci Nurs*. 2011 Aug;43(4):E1-5. [PubMed](#)

### Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

Increased patient/family satisfaction during hospitalization

### Potential Harms

Not stated

## Qualifying Statements

### Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

## Implementation of the Guideline

### Description of Implementation Strategy

#### Applicability Issues

Recommendation adherence will require the support of administration, unit managers, and nursing leaders to act as champions of change. It will be important for this support team and nursing staff to understand and be able to articulate the identified goals and outcomes to be achieved by implementing bedside nursing report to the nursing staff. Creating a standardized reporting sheet, which will include a head to toe assessment report, electronic medical record check, patient plan of care check, safety check, and introductory cues for communicating with the patient and family, will support the implementation of this change. In addition, patient assignments should be allocated to the same nurse if possible, to help with clustering report. Providing staff with adequate time to become accustomed to the new report methods and also encouraging their feedback can help resolve issues and identify areas of concern and assist them in the transition.

### Implementation Tools

#### Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

### IOM Care Need

#### Getting Better

### IOM Domain

#### Effectiveness

#### Patient-centeredness

#### Safety

## Identifying Information and Availability

### Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Increasing patient satisfaction by moving nursing shift report to

## Adaptation

Not applicable: The guideline was not adapted from another source.

## Date Released

2013 Aug 12

## Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

## Source(s) of Funding

Cincinnati Children's Hospital Medical Center

No external funding was received for development of this Best Evidence Statement (BEST).

## Guideline Committee

Not stated

## Composition of Group That Authored the Guideline

*Team Leader/Author:* Sarah Barker, RN, BSN

*Team Members:* Kathleen Dressman RN, MS, Senior Clinical Director, TCC, A7C1 Complex Pulmonary; Deborah Warden RN, BSN, Clinical manager, A7C1 Complex Pulmonary

*Support/Consultant:* Patti Besuner RN, MN, EBP Mentor, Center for Professional Excellence, Research, & Evidence Based Practice

## Financial Disclosures/Conflicts of Interest

Conflict of interest declaration forms are filed with the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence-Based Decision Making (EBDM) group. No financial conflicts of interest were found.

## Guideline Status

This is the current release of the guideline.

## Guideline Availability

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

## Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [Cincinnati Children's Hospital Medical Center \(CCHMC\) Web site](#) .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [CCHMC Web site](#) .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the [CCHMC Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

In addition, suggested process or outcome measures are available in the [original guideline document](#) .

## Patient Resources

None available

## NGC Status

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